Column C			LEXPENSE CLAIM 06/93) (CIWMB AUTOMATED 08/93)		See Instructions and *Privacy Statement on Reverse Side						1	of 1	Pages			
Column Number Column Numbe	CLAIMANT'S NAME											DEPARTMENT				
Office of the Secretary	<u> </u>											Cal	<u> </u>			
1001 Street	Undersecretary					CB/ID NUMBER							INDEX NUMBER			
Start						<u>, </u>		j								
COLUMN CODE (ACCTG USE ONLY)	STATE							CITY						0.0.02	ZIP CODE	
LOCATION (2) HERE EXPENSES WERE NOUTRED LODGING FAST LUNCH ORN R TALS TRANS USED TOULS. PRIVATE CAR USE BUSINESS EXPENSES 1012.00 PRIVATE CAR USE DEPENSE FOR DAY 14.00 SAcramento - Coalinga - CA \$84.00 \$10.00 \$18.00 \$10.00 \$86.00 \$10	(1) MONTH/YR (3) (4) March LOCATION (2) WHERE EXPENSES) TRANSPORTAT								
AIRFARE (Not included in subtotals or claim total) CAR RENTAL (Not included in subtotals or in							RELO OR		(A)	(B)	CARFARE TOLLS,	(D)				
3/12 14,00 Sacramento - Coalinga - CA \$84,00 \$18,00 \$10,00 \$22,00			WHERE EXPENSES											-1	EXPENSES	
3/13 1800 Coalinga - Sacramento, CA \$6.00 \$10.00 \$6.00 \$22					FASI	LUNCH		TALS	TRANS	USED	PARKING	MILES	AMOUNT	EXPENSE		
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I(14) MII FAGE RATE CLAIMED																
												(14) N	58.50 cents			
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the	(15)	I HERE	BY CERTIFY That the above is a true statemen	t of the travel e	xpenses inc	curred by me i	n accordanc	e with DPA	rules in the	e service	e of the	Δίξ			G OFFICE	
State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	•	State of vehicle	California. If a privately owned vehicle was use was equal to or greater than the rate claimed, a	ed, and if milea nd that I have r	ge rates ex	ceed the mini	mum rate, I	certify that tl	he cost of o	perating	g the					
U/53 and U/54 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE DATE (16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE	CLAIMA			ii usaue.	DATE		(16.) SIGN	NATURE OF	OFFICER	APPRO	VING TRAVEL A	ND PAY	MENT .	DATE		
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(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) DATE	(17.) SF	PECIAL E	EXPENSE AUTHORIZATION - SIGNATURE and	d TITLE	(See Item	17 on reverse	<u> </u>							DATE		